2006 FOR PROFIT CORPORATION

Mar 24, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P01000086198 1. Entity Name BAXTER'S TRUCKING INC. Principal Place of Business Mailing Address 4680 NW 8TH DR 4680 NW 8TH DR PLANTATION, FL 33317-1427 PLANTATION, FL 33317-1427 CR2E034 (11/05) 03212005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1132477 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAXTER, RUPERT G DO NOT WRITE 4680 NW 8TH DR PLANTATION, FL 33317 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent 03-20-06 SIGNATURE. of or printed name of registered agent and title if (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be U000000479585 Trust Fund Contribution. Added to Fees 104/10/06-80009-023 150.00 10. OFFICERS AND DIRECTORS TITLE NAME BAXTER, RUPERT G 4680 NW 8TH DR STREET ADDRESS PLANTATION, FL 33317 CITY-ST-27P TITLE NAME CAMPBELL, LAURICE M 4680 NW 8TH DR STREET ADDRESS CITY-ST-IN PLANTATION, FL 33317 TITLE NAME

DO NOT WRITE IN THIS SPACE

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if champed, or on an attachygent with an address, with all other like empowered.

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7P

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

03-20-06